

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00571703
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee Main Street Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2016
Mailing Address P.O. Box 25093		Amount 1911017.08
City Alexandria	State VA	Zip Code 22313
Purpose of Expenditure TV/Media Placement	Category/Type	Transaction ID : SE1 Date of Disbursement or Obligation MM / DD / YYYY 10 / 14 / 2016
Name of Federal Candidate McGinty, Kathleen, Alana, ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 9084685.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Main Street Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2016
Mailing Address P.O. Box 25093		Amount 189796.37
City Alexandria	State VA	Zip Code 22313
Purpose of Expenditure Radio Placement	Category/Type	Transaction ID : SE2 Date of Disbursement or Obligation MM / DD / YYYY 10 / 14 / 2016
Name of Federal Candidate McGinty, Kathleen, Alana, ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 9084685.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2100813.45
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 19 / 2016

Signature

NAME OF COMMITTEE (In Full) Senate Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00571703 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y</div> </div>	

Full Name of Payee DMM Media		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 18 / 2016</div> </div>	
Mailing Address 1911 N. Fort Myer Drive Ste 400		Amount <div> <div></div> <div>12895.89</div> </div>	
City Arlington	State VA	Zip Code 22209	Transaction ID : SE3 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 18 / 2016</div> </div>
Purpose of Expenditure TV/Media Production		Category/ Type	
Name of Federal Candidate McGinty, Kathleen, Alana,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>9084685.50</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►

Full Name of Payee DMM Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2016	
Mailing Address 1911 N. Fort Myer Drive Ste 400		Amount 2865.42	
City Arlington	State VA	Zip Code 22209	Transaction ID : SE4 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2016
Purpose of Expenditure Radio Production		Category/ Type	
Name of Federal Candidate McGinty, Kathleen, Alana, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		9084685.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	15761.31
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Signature

Date _____

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Full Name of Payee Arena Online			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2016		
Mailing Address 1780 Sequoia Vista Circle			Amount 365000.00		
City Salt Lake City	State UT	Zip Code 84104	Transaction ID : SE5		
Purpose of Expenditure Online Advertising		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2016		
Name of Federal Candidate McGinty, Kathleen, Alana, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		9084685.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Richard Sales Media			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2016		
Mailing Address 1702 E Highland Ave Suite 408			Amount 2000.00		
City Phoenix	State AZ	Zip Code 85016	Transaction ID : SE6		
Purpose of Expenditure Web Ad		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2016		
Name of Federal Candidate McGinty, Kathleen, Alana, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		9084685.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	367000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	2483574.76

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Crosby, Caleb, , ,

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Signature